

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Paul Bagby*

Died at *Island Creek* Town *Island Creek* County *Calvert* MARYLAND

Date of death 190 *9* Month *July* Day *11* Age *16* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Phil<sup>a</sup> Pa*

Occupation *Child Worker* Where Residing if not at place of death *Island Creek Md*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Jas. Bagby* Father's Birthplace *Phil<sup>a</sup> Pa*

Mother's Maiden Name *Mary Lewis* Mother's Birthplace *Calvert*

Name of person giving Information *Doct J. Thomas* How related to deceased *Uncle*

## CAUSES OF DEATH

(27)

X

PHYSICIAN  
OR CORONER

Primary *Likely* How long *not known*

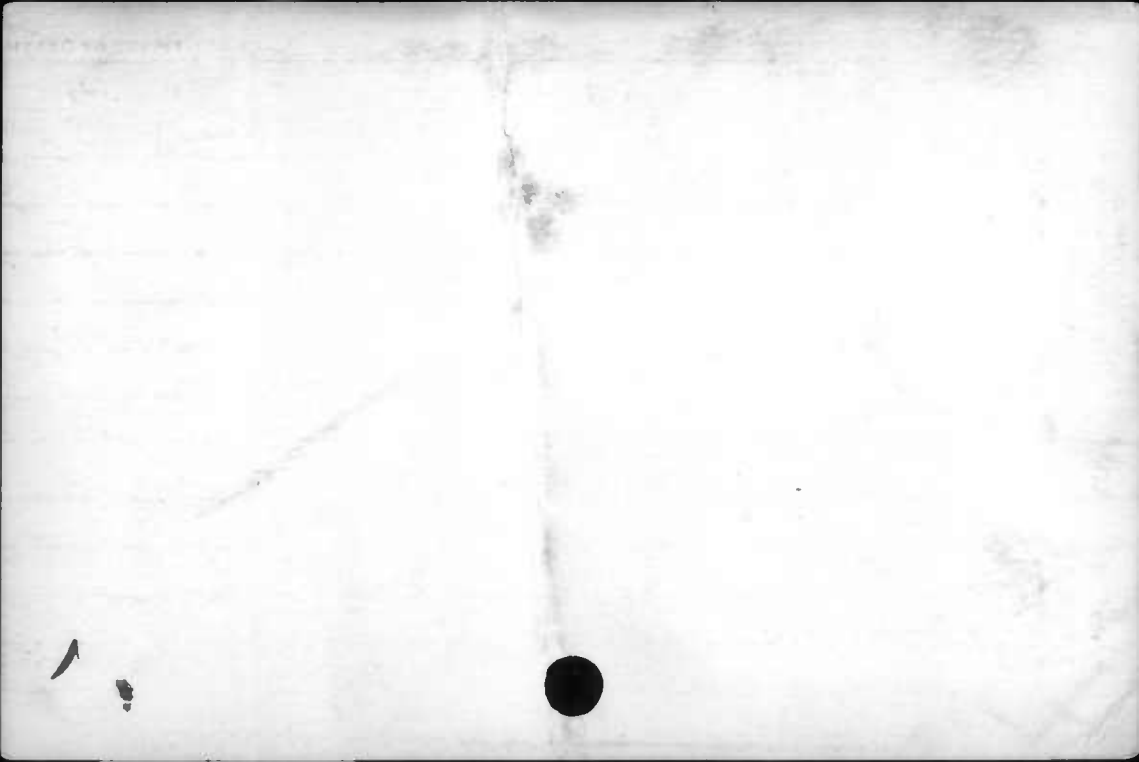
Immediate *Tuberculosis* How long *not known*

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician *R. Brooker Sut*

Address *Mulhatt* *Ref<sup>t</sup>*

Accident or Suicide *na*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

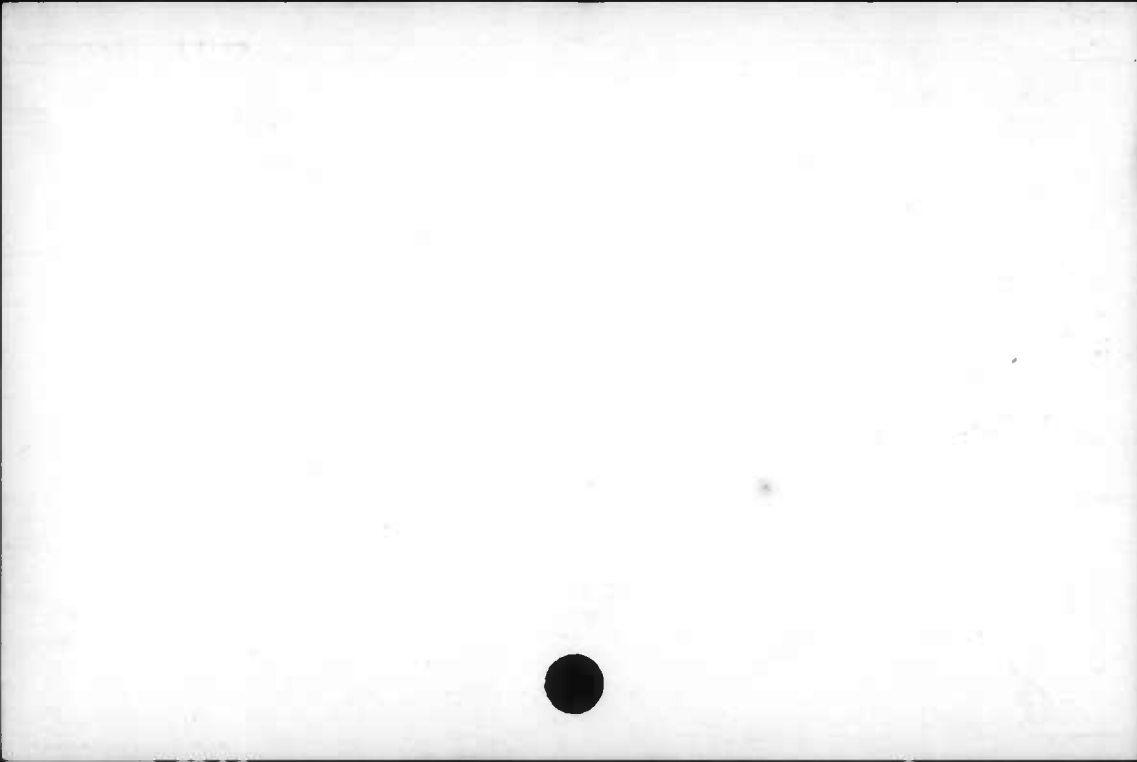
Died at <i>Parsons</i>		Town <i>Parsons</i>		County <i>Calvert</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>July</i>	Day <i>30</i>	Age <i>29</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Calvert Co</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married <input checked="" type="checkbox"/> Single		Name of Wife or Husband <i>Maggie Barts</i>					
Father's Name <i>George Barts</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Maggie Commodore</i>		Mother's Birthplace					
Name of person giving Information <i>John Barts</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

27 X

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Kuig</i>
<i>D</i>	Address <i>Buxton Md</i>
Accident or Suicide	



Name  
in  
Full

Mary Ellen Bradburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND


Died at <i>Frederick</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Month</sup>	<i>July</i> <sup>Day</sup>	<i>19</i> <sup>Year</sup>	<i>about 81</i> <sup>Age</sup>	<i>—</i> <sup>Months</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>St Marys Co Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>William F Bradburn</i>		
Father's Name	<i>Benneth Greenfield</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving Information	<i>Wm F Bradburn</i>		How related to deceased	<i>Husband</i>	

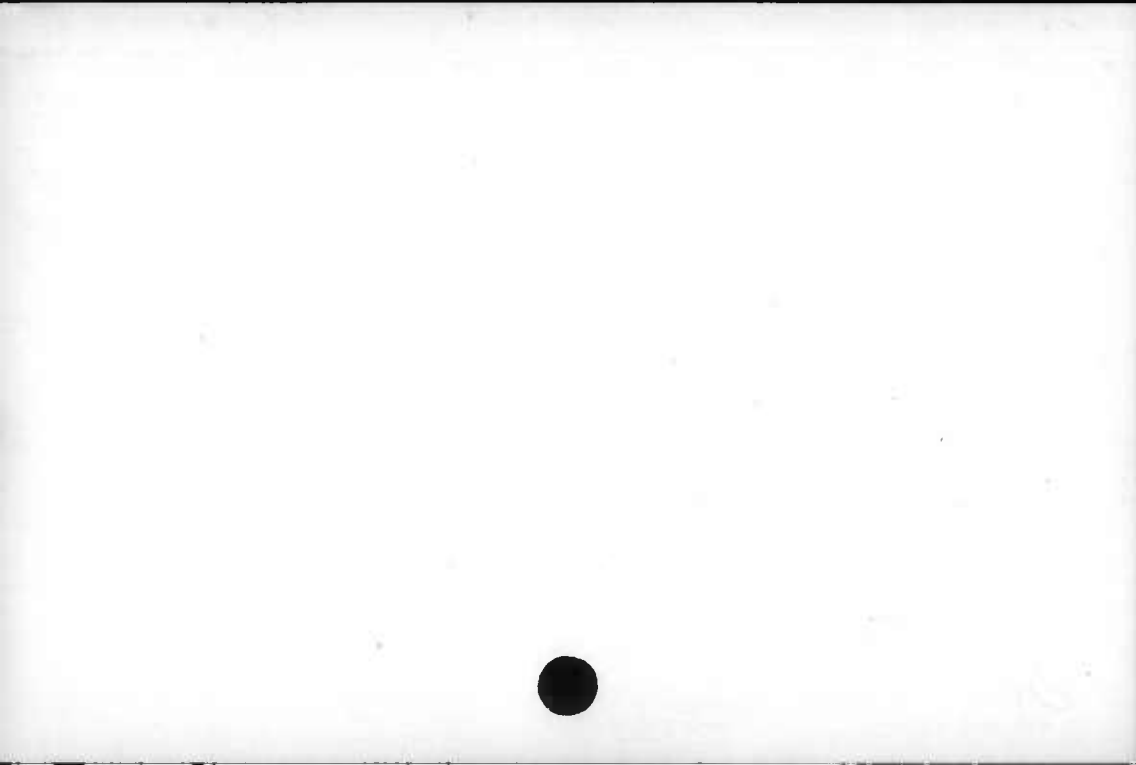
## CAUSES OF DEATH

67

X

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Nearly 3 years</i>
Immediate	<i>Paralysis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. F. Chambers M.D.</i>
		Address	<i>Lucy Calvert Co Md</i>
			
Accident or Suicide <i>X</i>			



Name  
in  
Full

William J Borden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

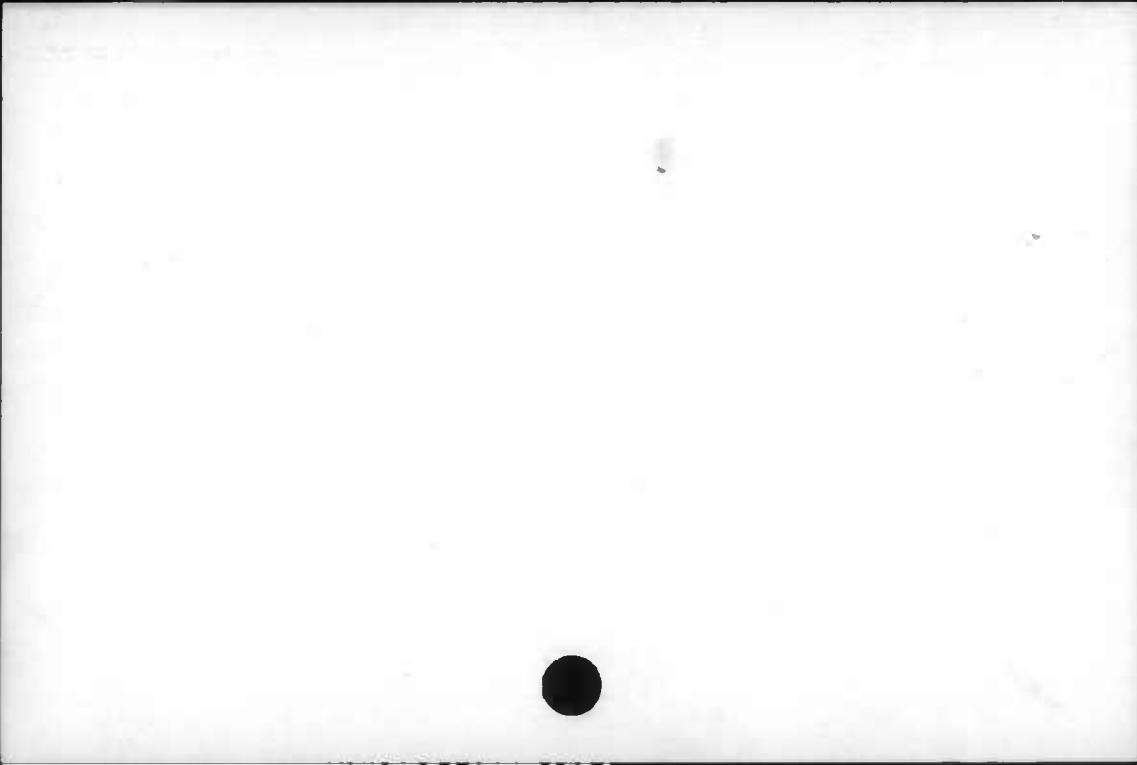
Died at <i>Corr Pt</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	July	Day	4
Age		about 81		Years	—
Sex	male	Color or Race	white	Birth-place	Calvert Co md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Annie Hooper		
Father's Name	Jacob Borden		Father's Birthplace	Calvert Co md	
Mother's Maiden Name	Elizabeth Gardner		Mother's Birthplace	Unknown	
Name of person giving Information	Annie Borden		How related to deceased	wife	

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Senile Debility	How long	about 6 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo F Chambers MD
		Address	Lesby Calvert Co md
Accident or Suicide			





Name  
in  
Full

Hannah Curtis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chaneyville		County Calvert		MARYLAND	
Date of death		Month July	Day 10	Age 31	Months —	Days 10	
Sex Female		Color or Race African		Birth-place Calvert Co			
Occupation Housewife				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Wesley Curtis					
Father's Name Benjamin H. Keck		Father's Birthplace Calvert Co					
Mother's Maiden Name Rachel A. Ennis		Mother's Birthplace " "					
Name of person giving Information Daniel W. Keck		How related to deceased Brother					

## CAUSES OF DEATH

How long

10 X  
6 months

How long

PHYSICIAN  
OR CORONER

Primary  
La-Grippe

Immediate  
General Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

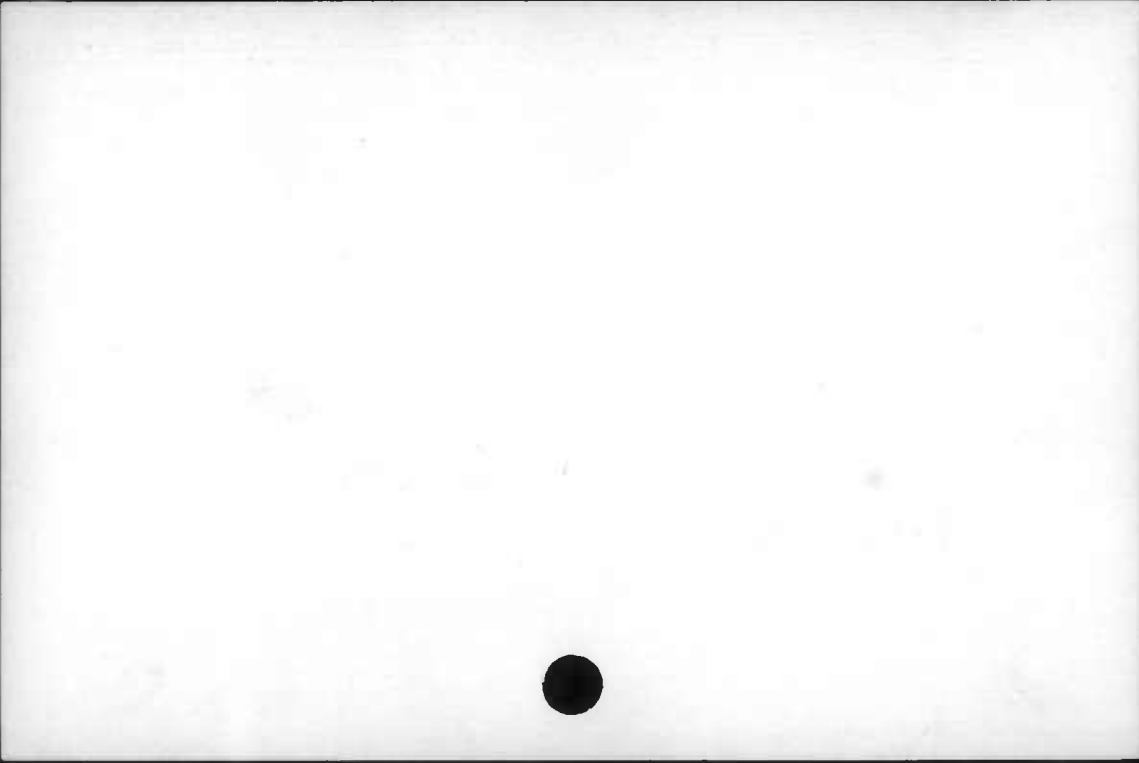
Signature of Physician

E. N. Hinman

Address

Lo. Marlboro, Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Harold V. Deaton*  
Died at *Portersville* Town *Cumberland* County **MARYLAND**

Date of death *1907* Month *July* Day *11* Age *1* Years Months Days *2*

Sex *Female* Color or Race *white* Birth-place *Cumberland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *John Deaton* Father's Birthplace *Cumberland*

Mother's Maiden Name *Sarah Edmonds* Mother's Birthplace *Cumberland*

Name of person giving Information *John Deaton* How related to deceased *Son*

CAUSES OF DEATH

**151**

X

PHYSICIAN  
OR CORONER

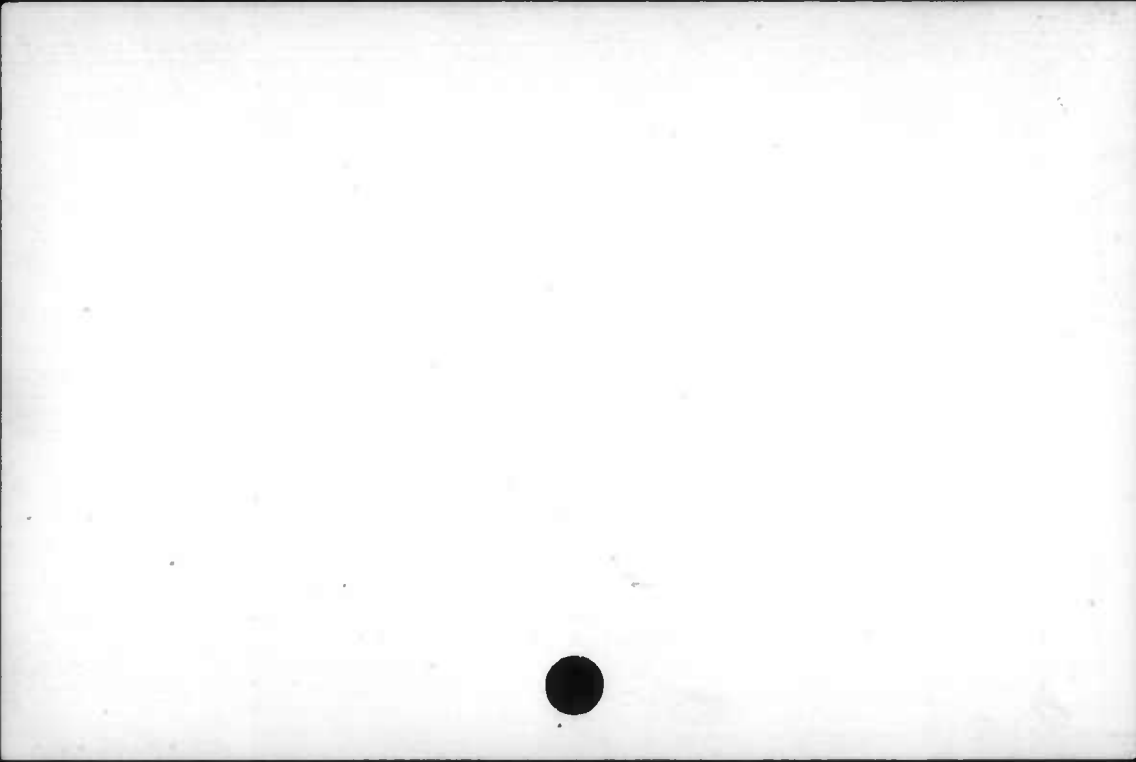
Primary *Mumps* How long \_\_\_\_\_

Immediate *Infection* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *J*

Signature of Physician *R. B. ...* Address *Mullica*

Accident or Suicide



Name

in  
Full

Hatter Hardesty

CERTIFICATE OF DEATH

Town

County

Died at

Prince Georges Calvert

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

July

18

Age

37

Sex

Female

Color or  
Race

White

Birth-  
place

Calvert

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Benjamin Hardesty

Father's  
Name

Francis Swinner

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Rebecca Good

Mother's  
Birthplace

Calvert Co

Name of person giving  
In formationHow related  
to deceased

CAUSES OF DEATH

138

Primary

Puerperal Eclampsia

How long

6 hrs

Immediate

Coma

How long

5 "

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. M. King

Address

Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU 468616

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
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Full

CERTIFICATE OF DEATH

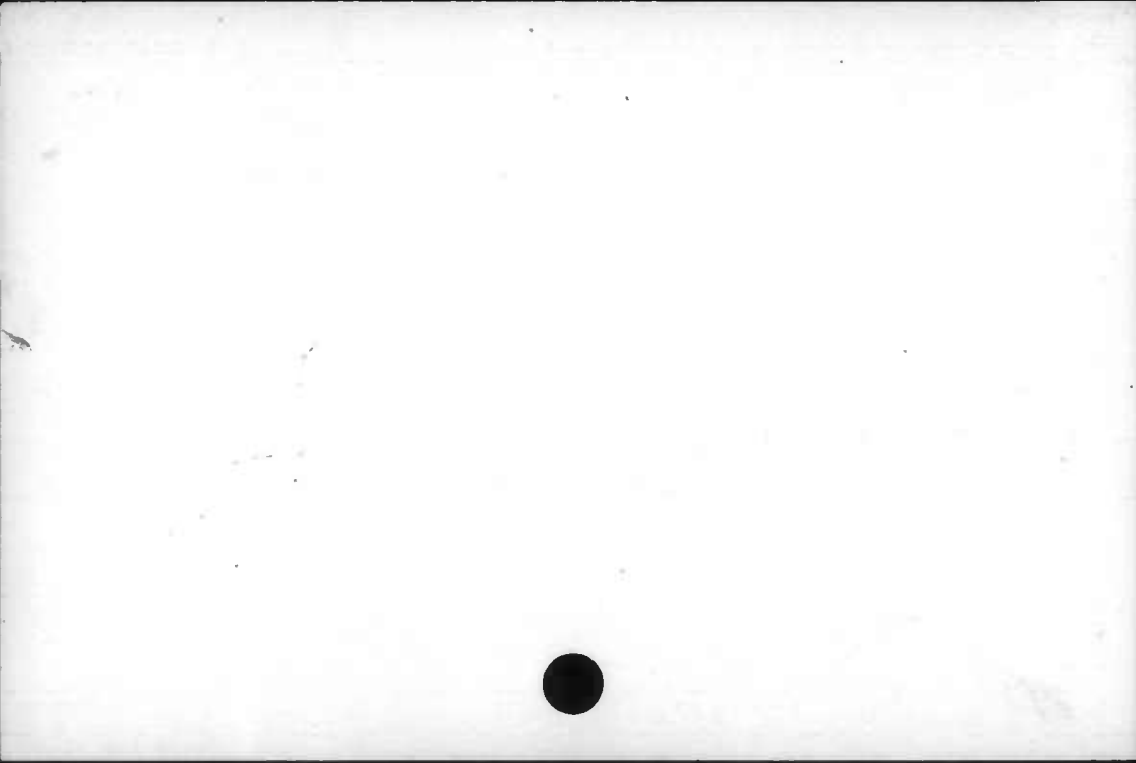
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Smithville</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1909		Month <i>July</i>	Day <i>5</i>	Age <i>87</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth place <i>Calvert</i>			
Occupation <i>Farmen</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eliz. Smith</i>					
Father's Name <i>Bess Lock</i>		Father's Birthplace <i>Calvert</i>					
Mother's Maiden Name <i>Jessie King</i>		Mother's Birthplace <i>Calvert</i>					
Name of person giving Information <i>Jessie Lock</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>7</i>
Immediate	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>X</i>	
Signature of Physician <i>Bessie Lock Reynolds</i>	
Address <i>Smithville Md</i>	
Accident or Suicide	





Name  
in  
Full

Louis H Marburger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solomons</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	July	Day	21
Age	—		Years	Months	3
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>iron</i>		Where Residing if not at place of death	<i>Calvert Co md</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	—	
Father's Name	<i>John H Marburger</i>			Father's Birthplace	<i>Balto City</i>
Mother's Maiden Name	<i>Mamie T. Dixon</i>			Mother's Birthplace	<i>Calvert Co md</i>
Name of person giving Information	<i>John H Marburger</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

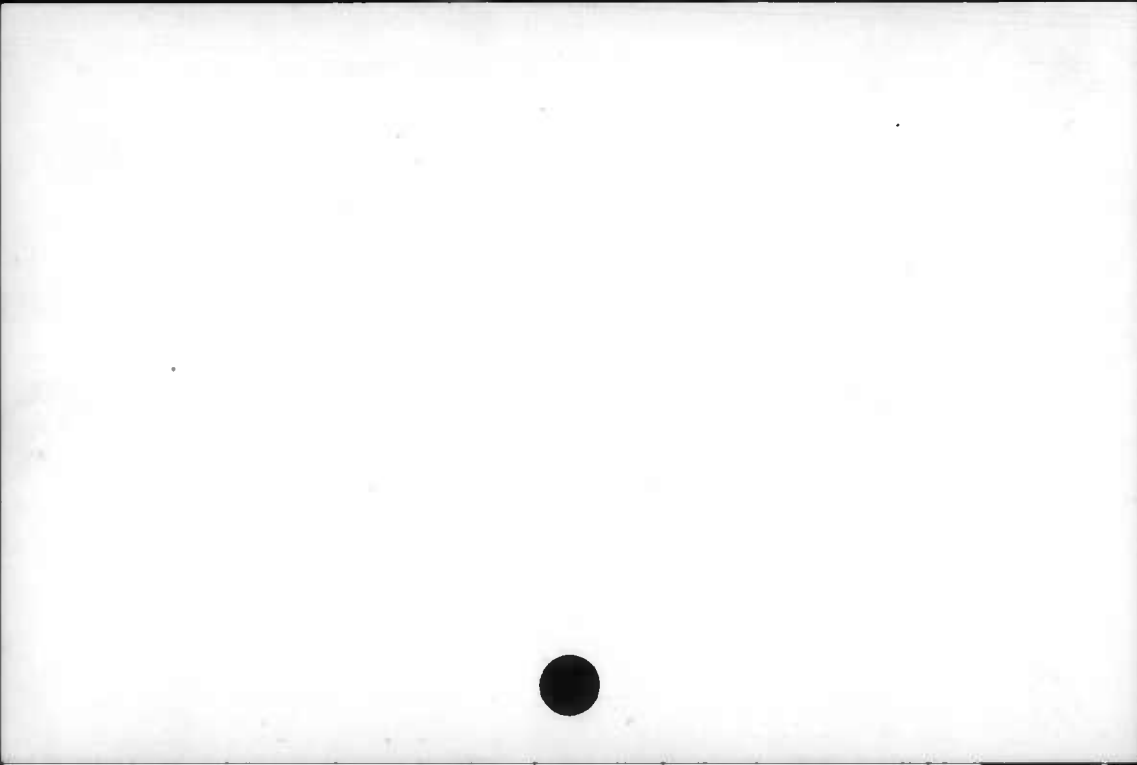
Primary *Eutero-Peritonitis* How long *10 das.*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. F Chambers MD*  
Address *Lucy Calvert Co md*

*Accident or Suicide*



Name  
in  
Full

*Dennis Miller*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solomons</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1909	Month	<i>July</i>	Day	<i>16</i>
Age	<i>73</i>	Years		Months	<i>1</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birthplace	<i>Balti C Md</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Elizabeth Harrison</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>James O Miller</i>		How related to deceased	<i>Son</i>	

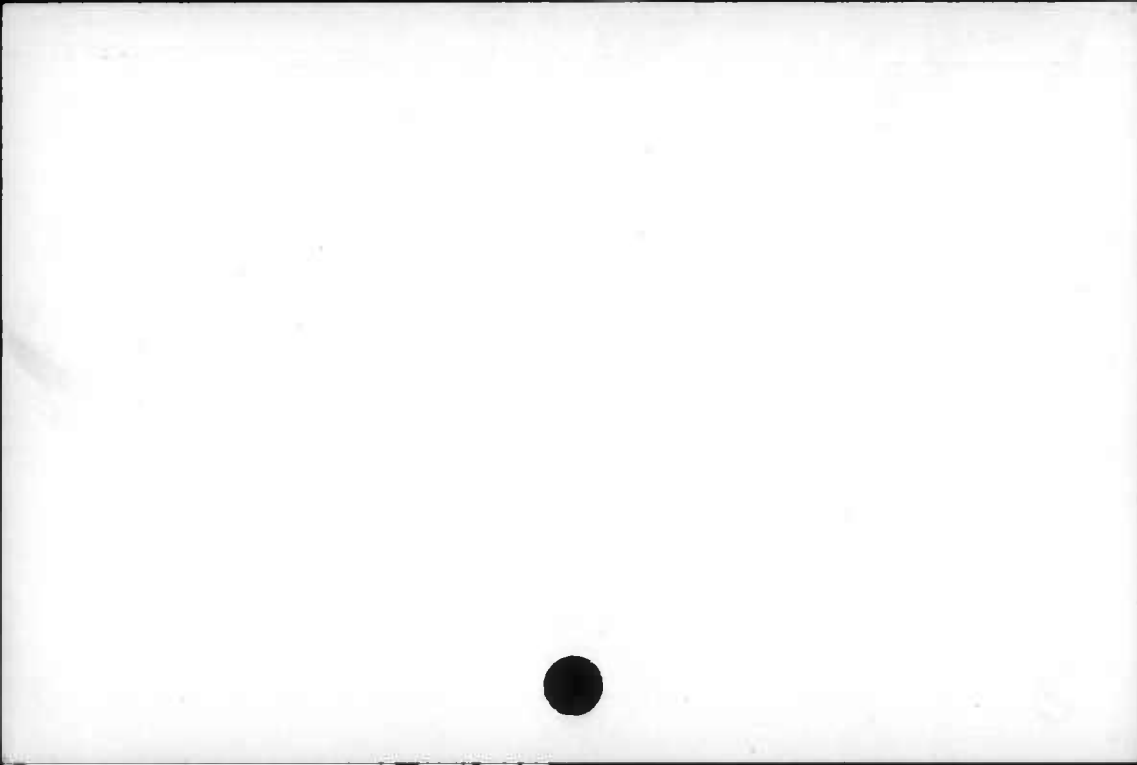
CAUSES OF DEATH

**(66)**

*x*

PHYSICIAN  
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>several yrs.</i>
Immediate	<i>Paralysis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo F Chambers MD</i>
		Address	<i>Lesby Calvert C Md</i>
Accident or Suicide <input type="checkbox"/>			



Name  
in  
Full

Orinthia Mattelime Pardo

## CERTIFICATE OF DEATH

MARYLAND

Died at Cove Pt Town

Calvert County

Date of death 1909 July

Day 5

Age

Years —

Months 9

Days 3

Sex Female

Color or Race White

Birth place Calvert Co Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

None

Father's Name Edward S Pardo

Father's Birthplace Calvert Co Md

Mother's Maiden Name Daisy Golt

Mother's Birthplace Calvert Co Md

Name of person giving Information Edw S Pardo

How related to deceased Father

## CAUSES OF DEATH

Primary

Diarrhea

How long

36 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo F Chambers

Address

Sub-Registrar  
Lusby Calvert Co Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Nannie Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sunderland Town Calvert County

Date of death 1909 July 14 4 15 3 3

Sex Female Color or Race Black Birth-place Cal. Geo.

Occupation House maid Where Residing if not at place of death

Married, Single or Widowed X Name of Wife or Husband

Father's Name Joseph Reed Father's Birthplace Cal. Geo.

Mother's Maiden Name Fraucis Gray Mother's Birthplace " "

Name of person giving Information Jos Reed How related to deceased Father

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis 27 X 10 months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Rebecca Scivoner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Prince George's <sup>County</sup> Calvert

MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 17 <sup>Age</sup> 70 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Calvert CoOccupation Housewife <sup>Where Residing if not at place of death</sup>~~Married, Single or Widowed~~ <sup>Name of Wife or Husband</sup> Francis Scivoner<sup>Father's Name</sup> unknown <sup>Father's Birthplace</sup> unknown<sup>Mother's Maiden Name</sup> unknown <sup>Mother's Birthplace</sup> Md<sup>Name of person giving information</sup> <sup>How related to deceased</sup>

## CAUSES OF DEATH

<sup>Primary</sup> Mitral Regurgitation <sup>Immediate</sup><sup>How long</sup> 79 X 1 Yr <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

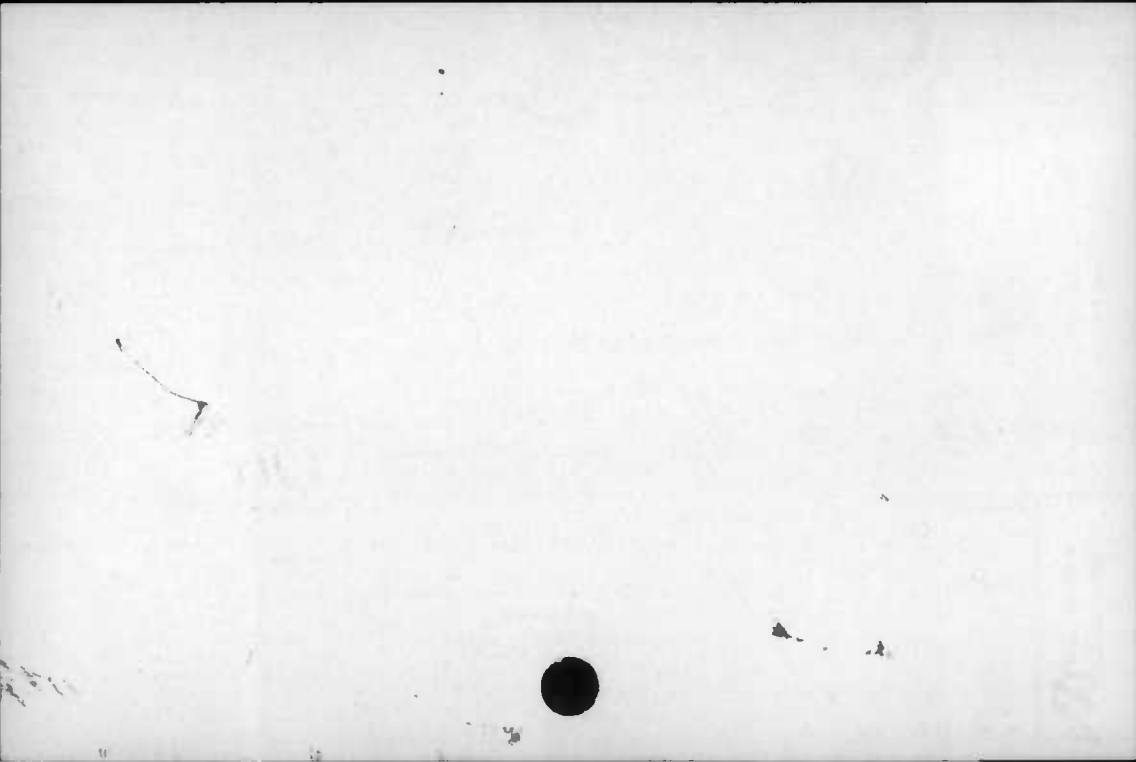
D. J. M. King

Address

Baltimore Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Philip Skinner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lo. Marlboro,</i>		Town <i>Calverton</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>27</i>	Age <i>50</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>African</i>		Birthplace <i>Calvert Co</i>				
Occupation <i>Mail-Carrier</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Barney Skinner</i>			Father's Birthplace <i>Calvert Co</i>				
Mother's Maiden Name <i>Eliza Johnson</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mrs A. Smith</i>			How related to deceased <i>Nephew</i>				

Thrown from vehicle and struck on his head.

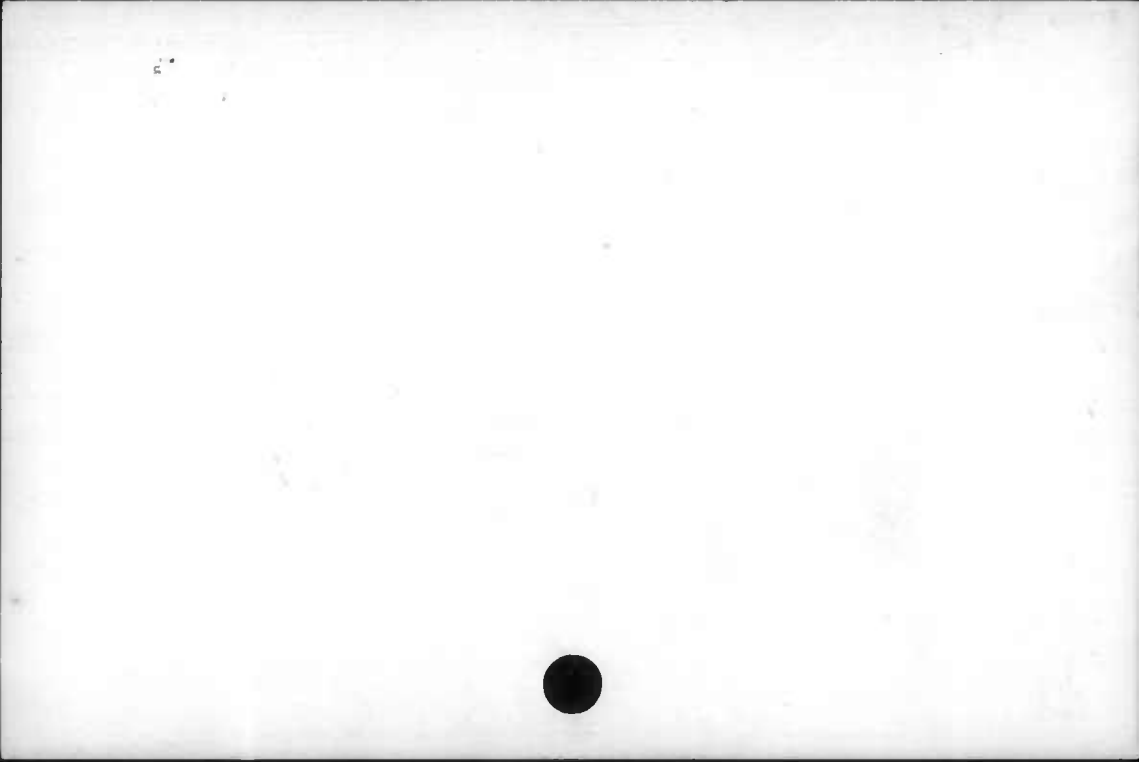
## CAUSES OF DEATH

166

7

PHYSICIAN  
OR CORONER

Primary <i>Traumatism</i>	How long
Immediate <i>Contusion of Brain</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E.H. Himmans</i>
<i>(Horse frightened)</i>	Address <i>Lo. Marlboro,</i>
Accident or Suicide <i>Accident</i>	<i>md</i>



Name  
in  
Full

William D. Skinner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pomice Frederick Calvert County MARYLAND

Date of death 1909 July 25 5 8 Age 5-8 Months    Days   

Sex Male Color or Race White Birth-place Calvert Co.

Occupation Merchant Where Residing if not at place of death   

Married, Single or Widowed Single Name of Wife or Husband   

Father's Name Levin Skinner Father's Birthplace Calvert Co.

Mother's Maiden Name Sarah Lancaster Mother's Birthplace Charles County

Name of person giving Information C. C. Bird How related to deceased Brother-in-law

## CAUSES OF DEATH

66

X

PHYSICIAN  
OR CORONER

Primary Paralysis How long 2 years

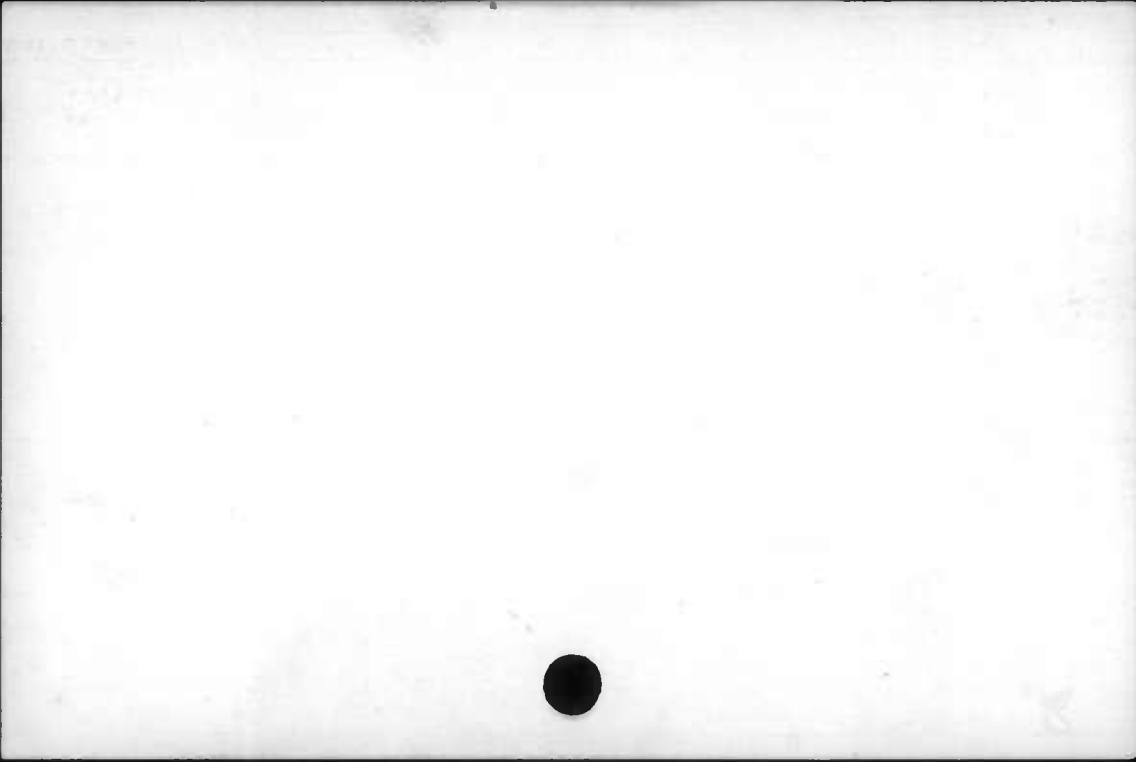
Immediate Exhaustion How long 30 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. E. Paddy

Address Parran Md.

Accident or Suicide



Name

in  
Full

## CERTIFICATE OF DEATH

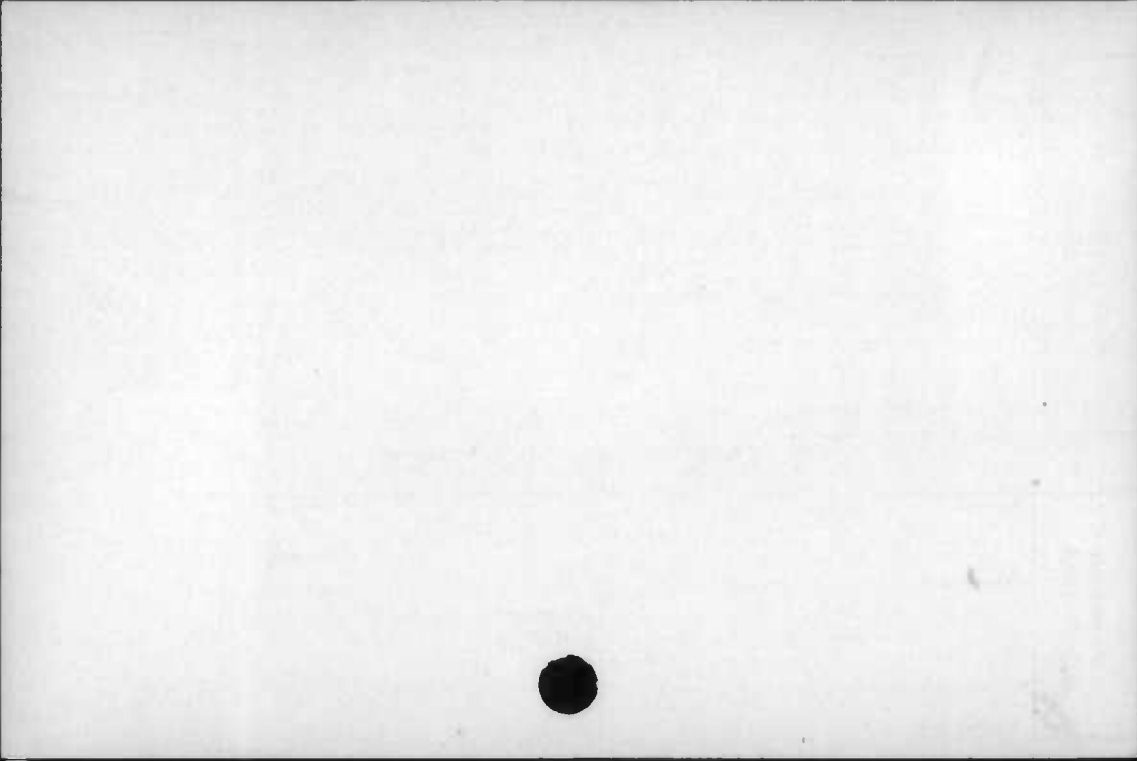
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909 July		20		70			
Sex	Color or Race	Birth-place					
Male	Black	Md					
Occupation		Where Residing if not at place of death					
Farmer		—					
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name				Father's Birthplace			
Unknown				Md			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Md			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mitral Regurgitation	How long	79 X 8 mo &
Immediate	General dropsy	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. L. N. King	
		Address	
		Bristow Md	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Fulton Watkins*  
Town *Lyons Creek* County *Calvert County* MARYLAND  
Died at  
Date of death *1909* *July* *2* *7*  
Month Day Years Months Days  
Sex *Male* Color or Race *Colored* Birth-place *Calvert Co.*  
Occupation *—* Where Residing if not at place of death *Lyons Creek*  
Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Chas Watkins* Father's Birthplace *Calvert Co.*  
Mother's Maiden Name *Louise Watkins Sanders* Mother's Birthplace *Calvert Co.*  
Name of person giving Information *Chas Watkins* How related to deceased *Father*

CAUSES OF DEATH

Primary *Drowning*

*172* X  
How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Jos H Ward Coroner*  
Address *St. Harmony Md.*

Accident or ~~Self~~ Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Rosie Watkins* Town *Lyons Creek* County *Calvert* *Calvert County* MARYLAND  
Died at *Lyons Creek*  
Date of death *1909* Month *July* Day *26* Age *9* Years Months Days  
Sex *Female* Color or Race *Colored* Birth-place *Calvert Co*  
Occupation *—* Where Residing if not at place of death *Lyons Creek*  
Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *—* Father's Birthplace *Calvert Co Lyons Creek*  
Mother's Maiden Name *Mary Watkins* Mother's Birthplace *Calvert Co*  
Name of person giving Information *Chas Watkins* How related to deceased *Foster Father*

## CAUSES OF DEATH

Primary

*Drowning*

How long

*172**X*

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. H. Ward Coroner  
Mt Harmony Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

